

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000011296

**FILED**  
**Mar 23, 2018**  
**Secretary of State**  
**CC2888376415**

**Entity Name:** NORTH MIAMI BEACH KOLLEL, INC.

**Current Principal Place of Business:**

990 NE 175 STREET  
NORTH MIAMI BEACH, FL 33162

**Current Mailing Address:**

990 NE 175 STREET  
NORTH MIAMI BEACH, FL 33162 US

**FEI Number: 46-4360732**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

FELDMAN, PAUL  
2750 NE 185TH STREET  
SUITE 203  
AVENTURA, FL 33180 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name SINGER, AARON D  
Address 1171 NE 170TH STREET  
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title SD  
Name BLEJER, JACOB T  
Address 1062 NE 176 TERRACE  
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title VPD  
Name SAPOZINK, ISAAC  
Address 1020 NE 169TH TER  
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title TD  
Name SINGER, MICHAEL  
Address 10301 SW 90TH AVENUE  
City-State-Zip: MIAMI FL 33176

Title VPD  
Name SILVERSTEIN, BENJI  
Address 665 NE 172 STREET  
City-State-Zip: NORTH MIAMI BEACH FL 33162

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: AARON SINGER**

**PRESIDENT**

**03/23/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date